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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 561318 1. Corporation Name

MARINE TECHNICAL SERVICES, INC.

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90018 028 ***150.00



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NEW SMYRNA BCH FL 32169 NEW SMYRNA BCH FL 32169				DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	21171110017102	
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		A 84-10- A 44			03/06/1978 4. FEI Number		
⊢	lace of Business	2a. Mailing Address			** ** ·		Applied For
21		26			59-1812122		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		5 Additional
22		27			•	Fee_	Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the curre	nt year Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No {
	9. Name and Address of Current		11		10. Name and Address of New Re	egistered Agent	
		<u> </u>		81 Name		····· ································	
FAR	ADAY, STEVEN F.						
	QUAY ASSISI		82		dress (P.O. Box Number is Not Acceptat	ole) .	٠.
	SMYRNA BCH FL 32169					 	
IAEAA	SMITHINA DUTI PL 32 109		• •	83			
,				84 City		85 Z	ip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida St	atutes, the a	bove-named co	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing	its registered
agent. La	m familiar with, and accept the obligat	tions of, Section 607.0505.	Florida Stat	utes.	allor's board of directors. Thereby accept	the appointment ac	, rogiotorea
}							
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (f	NOTE: Registered	Agent signature requ	ired when reinstating)	DATE	 -
				Agent signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFF		TORS IN 12
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

SIGNATURE:

NAME

STREET ADDRESS